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Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	
APPLICATION ELEMENTS	
See MPEP chapter 600 concerning utility patent application contents	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages (10)] (preferred arrangement set forth below) Descriptive title of the invention Cross reference to related applications Statement regarding Fed sponsored R & D Reference to sequence listing, a table, or a Computer program listing appendix Background of the Invention Brief Summary of the invention Brief Description of the Drawings Detailed description Claim(s) Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) [35 USC 113] [Total Sheets (2)]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages (4)] a. <input checked="" type="checkbox"/> Unexecuted (original copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement of each inventor(s) attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
ACCOMPANYING APPLICATION PARTS	
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input checked="" type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS Citations (IDS)/PTO-1449</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other Check for the payment of the filing fee</p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____ Prior application information: Examiner _____ Class/Art Unit _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>	

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
27305				
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		

Name (Print/Type)	Gregory D. DeGrazia	Registration No. (Attorney/Agent)	48,944
Signature	M. DeGrazia		
Date	August 27, 2003		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

P.D.
10/27/03
08/09/02



FEES TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complete If Known

Application Number	Herewith
Filing Date	August 27, 2003
First Named Inventor	Heribert Martin, et al.
Examiner Name	Not Yet Assigned
Group / Art Unit	Not Yet Assigned
Attorney Docket No.	60,126-229

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.

08-2789

Deposit Account Name

Howard & Howard Attorneys

Charge Any Additional Fee Required

 Under 37 CFR 1.16 end 1.17 Applicant claims small entity status.

See 37 CFR 127

2. Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$ 750.00)	

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims 9 -20=	\$	=
Indep. Claims 2 2-3*=	\$	=
Multiple Dependent	\$	=

*Number previously paid, if greater; For Reissues, see below

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 160.00)			

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	85
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	180
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1607	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)		(\$ 0)	

+ Typed or
Printed Name

Gregory D. DeGrazia

Registration No.
(Attorney/Agent)

48,944

Telephone

(248) 645-1483

Signature

Date

August 27, 2003

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CERTIFICATE OF EXPRESS MAILING

I hereby certify that the enclosed **PATENT APPLICATION** and fee are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee", Mailing Label No. **EV320906052US** and addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **August 27, 2003**.


Tracy L. Smith